

For your



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
Benefits  
Connection

# BENEFIT

Published quarterly by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts

Mitt Romney, Governor

Deval Patrick, Governor-Elect

Dolores L. Mitchell, Executive Director

Winter 2007

## GROUP INSURANCE COMMISSION

Providing Massachusetts State  
Employees, Retirees, and Their  
Dependents with Access to  
Quality Care at  
Reasonable Costs

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Unmarried Dependents  
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EFFECTIVE  
JANUARY 1, 2007**

*See pages 4-6 for more details*

## GIC Welcomes City of Springfield Employees and Retirees

Welcome, City of Springfield employees, retirees, and your family members to the GIC! The GIC adopted emergency regulations in September that allowed eligible members of the City of Springfield, which has been operating under a fiscal crisis, to purchase health benefits through the GIC effective January 1, 2007. Springfield, the state's third largest city, is the first municipality ever to join the GIC program. This change is expected to yield savings for the city, and to provide employees and retirees with more comprehensive benefits and choices.

GIC staff, City of Springfield benefits staff, and GIC health plans worked long and hard to make the transition as smooth as possible under very tight deadlines. Despite crowds and long lines, members were enrolled in October and November and the process was an overall success:

- ❖ Over 8,000 enrollees and their family members were enrolled in the GIC.
- ❖ Over 10,000 marriage certificates, birth certificates, Medicare cards, and other required documents to add a spouse, dependent children, and Medicare coverage were collected.
- ❖ Four well-attended health fairs were held and over 1,400 members enrolled via a computerized enrollment system at the GIC tables. Additionally, the city held informational sessions for retirees.
- ❖ A new computer eligibility system was designed, which was subsequently rolled into the GIC's larger MAGIC system.
- ❖ Customized enrollment forms, *Benefit Decision Guides* and other communications were developed.
- ❖ Health plans sent these members new identification cards and health plan handbooks.

Thank you GIC and Springfield benefits staff, health plans, and new members for making this transition a success!



*Linda Parent, Insurance Director for the City of Springfield, looks at a GIC Benefit Decision Guide with an enrollee.*

### MARK YOUR CALENDAR



Annual Enrollment is  
April 17 – May 18, 2007  
For changes effective July 1, 2007  
*Watch for More Select & Save Plan  
Options*



## Benefit Statements Will Be Mailed to You At the End of January

Your personalized annual benefit statement will be mailed to your home at the end of January. This statement gives you an overview of your benefit elections and who is covered under your policies. Be sure to review the statement carefully to see if there are any errors. Forms and instructions to make changes will be enclosed with the mailing. **If everything is correct, you do not need to do anything.** File your statement with your important papers as it's the only statement you will receive in 2007.

### Important Reminders and Information:

- ❖ You **MUST** notify your GIC Coordinator (active employees) or the GIC (retirees and survivors) if you legally separate or divorce or if you or your former spouse remarries. Failure to do so may result in financial liabilities.
- ❖ Active employees – be sure to turn your statement over. In cooperation with the State Board of Retirement, the GIC is again including your State Board of Retirement beneficiary information. In the event that you die while still in active state service and before your retirement, this beneficiary (as distinguished from your GIC beneficiary) receives certain pension benefits as well as payment of any unused vacation and sick time owed. Over 37,000 employees with GIC benefits do not have a beneficiary on the State Board of Retirement's computerized database. Use the enclosed forms to get your information up to date!
- ❖ Be sure to check your dependent's (age 19 to 26) status. *Refer to pages 4 to 6 of this newsletter for important information on how to add eligible dependents or correct their status.*
- ❖ City of Springfield employees and retirees will not receive a GIC benefit statement in January. We will let you know when your statement will be mailed.

### GIC'S ANNUAL PUBLIC HEARING

Wednesday, February 7, 2007

12:30 p.m. – 2:30 p.m.

Minihan Hall, 6<sup>th</sup> Floor  
Charles F. Hurley Building  
19 Staniford Street, Boston

*All state employees and retirees are welcome to attend our annual public hearing. The GIC will describe prospective benefit changes and attendees are invited to express their views.*

## Strep Season Is Here Be Prudent

Chances are you've had a scratchy throat already this season. If not, you probably will at least once. Most of the time, a scratchy throat is due to a virus, which will go away on its own. If you have a virus, take care of yourself with rest and fluids. Don't ask your doctor for antibiotics as they will not cure a virus. More seriously, overuse of antibiotics may make them less effective or totally ineffective when you do need them.

You do need antibiotics if you have a bacterial infection instead of a virus. Failure to treat strep throat, a common bacterial infection, can not only make you contagious to others, it can also lead to serious complications. Rheumatic fever, which can cause painful and inflamed joints and a rash and can even result in damage to your heart valves, is one complication. Another is kidney inflammation.

Strep throat is most common between ages 5 and 15 and it spreads easily when people are in close contact, particularly in families, school, and in child care settings. If you or your child has any of the following signs and symptoms of strep throat, call your doctor:

- ❖ A sore throat without a cold or runny nose
- ❖ Tender, swollen lymph glands in the neck
- ❖ A fever higher than 101° F
- ❖ Rash
- ❖ Joint pain
- ❖ Earache
- ❖ Loss of appetite
- ❖ Problems breathing
- ❖ Difficulty swallowing
- ❖ Headache

Usually, a rapid antigen throat swab test will be taken, which is 70%-80% effective in identifying strep bacteria. If the rapid test does not indicate strep, your doctor will send a throat swab for culture, which may take two days for the results. According to the Centers for Disease Control and Prevention recommendations, it is generally prudent to wait for the longer culture results before beginning antibiotics (usually penicillin or a derivative). If you or your child have strep throat, and have taken antibiotics for 24 to 48 hours, but don't feel better, or develop a fever, joint pain or a rash, call your doctor. You may need to be prescribed a different medication. Keep in mind that you should always take the full course of antibiotics prescribed to you, even if you start to feel better. Stopping the medicine early gives the bacteria an opportunity to regroup and can allow serious complications to develop.



Springfield retirees wait in line to enroll in GIC benefits at a health fair.



Springfield enrollees still have Health New England as one of their health plan options.

# The Time for the GIC's Select & Save Plans Is Now, According to the Commission's Newest Members

Several new Commissioners have been appointed to the GIC. "The GIC has been New England's leader in pushing health plans to report on physicians' performance," says Harris Berman, MD, one of the GIC's newest Commissioners. As the Dean of Public Health and



David M. Cutler



Harris A. Berman, MD

Professional Degree Programs and Chairman of the Department of Public Health and Family Medicine at Tufts University School of Medicine, Dr.

Berman can empathize with some physicians'

reluctance to embrace the GIC's Select & Save plans. These plans rank providers on quality and cost-effectiveness and give members modest co-pay incentives to use higher scoring providers. "Although the methodology may be less than perfect, the GIC can be proud to be moving this important quality initiative along," he states.

David M. Cutler, the Commission's new health economist, says that the GIC's Clinical Performance Improvement Initiative (Select & Save plans) is in keeping with its mission. "This initiative is essential because the GIC has the obligation to ensure the highest quality care to beneficiaries, and do so in a fiscally prudent way," he says. As Professor of Applied Economics in the Department of Economics and Kennedy School of Government, and Divisional Dean for the Social Sciences within the Faculty of Arts and Sciences at Harvard University, Professor Cutler is well versed on the interplay between economics and health policy. "Pushing for the improved performance (of physicians) is an essential

part of meeting (the GIC's) goals," he says.

These two new Commissioners, and their wealth of knowledge, will provide critical expertise as the GIC moves forward with its Clinical Performance Improvement Initiative. As Dr. Berman notes, the program's success will involve all participants in the health care industry. "Working together, physicians, employers and the health plans can eventually 'get it right' (the data's perfection)," he says. "In the meanwhile, the GIC deserves kudos for advancing the issue," he adds.

Both of the GIC's newest Commissioners have worked with the GIC either directly or indirectly in the past. Dr. Berman was the CEO of Tufts Health Plan for 17 years and worked with the GIC in that role. He also co-founded the Matthew Thornton Health Plan in Nashua, New Hampshire, one of the first HMOs in New England, and he currently is the Chairman of the Board of the Massachusetts Health Quality Partners. Professor Cutler has conducted medical economics research with a former GIC Commissioner, Professor Richard Zeckhauser. Widely published, Professor Cutler is the author of *Your Money or Your Life: Strong Medicine for America's Health Care System*. He is a member of the Institute of Medicine.

In addition to welcoming our newest Commissioners, the GIC bids a fond adieu to our departing Chair, Robert Hungate, who served on the Commission for 15 years. We also extend our appreciation for their many years of service to Professor Richard Zeckhauser, who served in the health economist seat on the Commission, and to Alfred A. Fondacaro, the GIC's retiree member.

## \$\$ Save Money on Prescription Drugs \$\$

**Mail-Order:** Are you taking prescription drugs for a long-term condition such as asthma, high blood pressure, allergies, or high cholesterol? Switch your prescription from a retail pharmacy to mail-order. (*Have your doctor write a prescription for up to a 90-day supply of your medication, plus refills for up to one year if appropriate. Complete a mail service order form, available from your prescription drug plan, and send it with your prescription and co-pay to the address listed.*) It will save you money – up to one co-pay every three months. For example, if you are in the Harvard Pilgrim Independence Plan, you would pay \$20 each month for a tier 2 drug from a local pharmacy, but only pay \$40 every three months if you use mail-order. You would save \$80 per year. Plus, you'll have the convenience of home delivery. In FY06, members of the Commonwealth Indemnity Plans collectively saved \$9.8 million by using mail-order. They would have saved an additional \$3.8 million if all members on long-term medications switched to mail-order.

**Photocopy your drug formulary and give it to each of your doctors:** Most GIC plans update their formulary every January and either mail it to you or post it on their website. Your formulary lists the drugs that are available at the lower tier 1 or tier 2 co-pays. Give a copy of the formulary to each doctor you see. Discuss with your doctor whether the drugs with lower co-payments are appropriate for you.

# Massachusetts Health Care Reform Act Expands GIC Coverage for Unmarried Dependents Ages 19-26

## Effective January 1, 2007

**T**he Commonwealth's Health Care Reform Act expands GIC coverage for unmarried dependents ages 19-26 effective January 1, 2007. Previously, only full-time students at accredited institutions and handicapped dependents were eligible for GIC coverage. Now, unmarried dependents are eligible for coverage up to age 26 or two years after losing dependent status according to Internal Revenue Code rules, whichever occurs first. A dependent is defined as a dependent according to Internal Revenue Service codes.

To add an unmarried dependent ages 19-26 to your GIC coverage, complete the *GIC's Dependent Age 19 to 26 Application for Coverage* form and return it to the GIC. This form is available through your agency's GIC Coordinator, on our website, or by calling the GIC. **If your dependent is already enrolled as a full-time student or handicapped dependent, you do not need to complete this form.**

### **Q) When does GIC health coverage end for a dependent child who marries?**

A) According to state law, coverage for a dependent ends on the day before he/she marries. You must report the marriage to the GIC either in writing to the GIC, providing the date of marriage, or by completing and returning to the GIC the "Remove Dependent from Coverage" section of the *Dependent Age 19 to 26 Application for Coverage*.

### **Q) My child is turning 19. How can he/she continue health insurance coverage?**

A) Coverage for an unmarried dependent changes at the end of the month in which the dependent turns age 19. You must complete in full for coverage and return a *Dependent Age 19 to 26 Application for Coverage* prior to the dependent's 19<sup>th</sup> birthday to continue your dependent's coverage tax-free if you are entitled to it. If you do not send in the completed form by this date, the dependent will be defaulted to Non-IRS dependent status up to the age of 21, and you will be subject to state and federal taxes on the value of your health plan's full cost individual premium. This is known as imputed income to the insured.

### **Q) My unmarried child age 19 to 26 is not attending school full time. How can he/she continue coverage under my GIC plan?**

A) If your unmarried dependent age 19 to 26 is not a full-time student or handicapped dependent, he or she may be eligible for continued coverage under the Massachusetts Health Care Reform Act. IRS dependents are eligible for GIC coverage up to age 26 or two years after losing dependent status under IRS rules, whichever occurs first. If your dependent is a Non-IRS dependent, and he/she does not enroll in an accredited school full-time, or become an IRS dependent, his/her coverage will automatically terminate at age 21. If your dependent is a Non-IRS Dependent, the insured is subject to state and federal income taxes on the value of your health plan's full cost individual premium.

### **Q) My unmarried dependent age 19 to 26 is continuing coverage under my GIC health plan as a Non-IRS dependent. What will my imputed income be for his/her coverage?**

A) Imputed income for a Non-IRS dependent is based on the full cost individual premium for the health plan in which you are enrolled. The amount of tax you will pay on the imputed income will depend on your total taxable income, including the imputed income. See the GIC website for the full-cost rates.

### **Q) How do I determine whether or not my unmarried child age 19 to 26, who is not a full-time student or handicapped dependent, is an IRS dependent or a Non-IRS dependent?**

A) Your child age 19 to 26 may qualify as an IRS dependent, and be eligible for GIC IRS dependent coverage, if you provide more than half of his/her support and your child has a gross annual income of less than \$3,200. If your dependent is not an IRS dependent, he/she may be eligible to continue GIC coverage as a Non-IRS dependent. He/she is eligible for coverage for two years after the loss of IRS dependent status up to age 26. For IRS dependent status rules, refer to federal income tax filing instructions, IRS Publication 501, or contact a tax professional.

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## **GIC Coverage for Unmarried Dependents Ages 19-26 Expands**

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### **Q) How long do I have to complete and return the new form for my unmarried dependent age 19 to 26?**

A) Complete and return the form to us as quickly as possible. If we determine your dependent to be eligible for the new coverage, coverage will be effective the first day of the second month following the receipt of your application.

### **Q) I have individual health coverage and I have a dependent child I want to cover. What do I do?**

A) In addition to completing the *Dependent Age 19 to 26 Application for Coverage*, you must change from individual to family coverage.

### **Q) My unmarried child is disabled and is turning 19. How can he or she continue GIC health coverage?**

A) If your child is mentally or physically incapable of earning his/her own living upon turning age 19, you can apply for handicapped dependent coverage by completing and returning the *GIC Handicapped Dependent* application. The child's disability must have occurred prior to age 19. Family coverage is required. Coverage may continue as long as you provide satisfactory proof that the handicapped dependent remains unable to support him or herself due to disability and the insured parent remains on GIC health coverage.

### **Q) My unmarried child became permanently or totally disabled after he/she turned age 19. Is he/she eligible for GIC coverage?**

A) You may apply for handicapped dependent status by completing and returning the *GIC Handicapped Dependent* application. Family coverage is required. Coverage may continue up to age 26 as long as you provide satisfactory proof that your dependent is permanently and totally disabled and you remain on GIC health coverage.

### **Q) My unmarried student-dependent (age 19 to 26) is graduating from college. When does health coverage end?**

A) His/ her coverage as a full time student ends at the end of the month in which he/ she ceases to be a full-time student. At that point, your dependent is eligible for IRS Dependent or Non-IRS Dependent coverage up to age 26 or two years after losing dependent status according to IRS rules, whichever occurs first. Complete and return the *Dependent Age 19 and Over Application for Coverage*.

### **Q) My unmarried student-dependent (age 19 to 26) will be finishing classes in December or January, but will not graduate until May. When will his/her health coverage end?**

A) Your student-dependent's (age 19 to 26) health coverage as a full-time student ends at the end of the month in which your child ceases to be a full time student (e.g., December or January.) At that point, your child may continue health insurance coverage as an IRS Dependent or as a Non-IRS Dependent up to age 26 or two years after losing dependent status according to IRS rules, whichever occurs first. Complete and return the *Dependent Age 19 to 26 Application for Coverage*.

### **Q) Is my unmarried student-dependent (age 19 to 26) covered during the summer months?**

A) Your student-dependent is covered during the summer only if he/she was enrolled as a full-time student for the entire spring semester and thereafter is enrolled as a full-time student for the fall semester.

### **Q) My student-dependent is changing from a full-time student to a part-time student. How can I continue coverage for my part-time student dependent?**

A) Student coverage for a dependent ends on the last day of the semester in which he/she last attended school full-time; thereafter the insured may apply to continue coverage for the dependent up to age 26 or two years after losing dependent status according to IRS rules, whichever occurs first. Complete and return the *Dependent Age 19 to 26 Application for Coverage*.

### **Q) When does a student's coverage end if he/she is on a school-approved medical leave?**

A) Student coverage for a dependent on a school-approved medical leave of absence ends on the last day of the semester in which he/she last attended class; thereafter the insured may apply to continue coverage for the dependent up to age 26 or two years after losing dependent status according to IRS rules, whichever occurs first. Complete and return the *Dependent Age 19 to 26 Application for Coverage*.

### **Q) When does a student's coverage end when he/she withdraws from classes?**

A) Student coverage for a dependent who withdraws from

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## GIC Coverage for Unmarried Dependents Ages 19-26 Expands

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classes ends on the last day of the month in which he or she last attended classes for reasons other than school-approved medical leave of absence. At that point, the insured may apply to continue coverage for the dependent up to age 26 or two years after losing dependent status according to IRS rules, whichever occurs first. Complete and return the *Dependent Age 19 to 26 Application for Coverage*.

### **Q) My unmarried student-dependent is turning 24; what happens to his/her health coverage?**

A) Your dependent may continue to receive GIC health coverage until he/she ceases to attend school full time as a Non-IRS Dependent. You, the insured, will be subject to imputed income taxes on the value of the coverage for your dependent. Complete and return the *Dependent Age 19 to 26 Application for Coverage*.

### **Q) My unmarried dependent age 19 to 26 graduated from college in June 2005 and is working full time. Is he/she eligible for GIC coverage?**

A) Your unmarried dependent age 19 to 26 would be eligible for coverage for the remainder of the two years after he/she lost IRS dependent status.

### **Q) My child is age 19 to 26 and is working. Is he/she eligible for GIC coverage?**

A) Your child is eligible for GIC coverage up to two years after the loss of IRS dependency, or age 26, whichever comes first.

### **Q) My unmarried student-dependent is turning 26; what happens to his/ her health coverage?**

A) Your dependent can continue health coverage until he/she ceases to attend school full time. You must re-certify student coverage yearly, and pay 100% of the premium.

### **Q) Can I drop my child from GIC coverage?**

A) You may drop your child from GIC coverage at any time with satisfactory proof that your dependent has coverage elsewhere (e.g., letter from your dependent's employer). Send to the GIC this documentation along with a letter requesting that your dependent be taken off your GIC coverage. Include your name, GIC Identification number (usually Social Security number), your dependent's name and date of birth. Instead of writing a letter, you can complete and return the "Remove Dependent from Coverage" section of the *Dependent Age 19 to 26 Application for Coverage*, along with the required proof of other coverage documentation.

### **Q) I do not have health coverage through the GIC, but have the GIC Dental/Vision coverage. Is my unmarried dependent age 19-26 eligible for dental/vision coverage?**

A) If your dependent is not a full-time student or a handicapped dependent, he or she may be eligible for continued GIC dental/vision coverage. IRS dependents are eligible for coverage up to age 26 or two years after losing dependent status according to Internal Revenue Code rules, whichever occurs first. To apply, complete and return to the GIC the *Dependent Age 19 to 26 Application for Coverage*.

*As additional questions arise, the GIC will post answers to these questions on our website: [www.mass.gov/gic](http://www.mass.gov/gic).*



*Fallon Community Health Plan recently expanded its provider network in the Springfield area.*



*Fred Winer, Marisa Fusco and Karen Bergeron of Tufts Health Plan (left to right) discussed plan options with Springfield enrollees.*



*Paul Murphy and Judy Settana of the GIC enroll City of Springfield enrollees in GIC benefits using a computerized eligibility system.*



*Barbara Posnick of UniCare (center) talks with retirees waiting for the Springfield health fair to begin.*

## Letters to the Editor



"I would like to know why Commonwealth employees are not offered a choice of the health insurance plan provided by the state's largest insurer, Blue Cross Blue Shield."

*B. Viola, North Attleboro, MA*

*Editor's note: Any qualified company may bid on the GIC's business, subject to state procurement laws. For the last few health plan procurements, Blue Cross Blue Shield has chosen not to submit a proposal. It's possible that the company will decide to bid on our health business the next time we go out to bid. As with any proposal, the GIC would accept or decline the bid based on how responsive it was to the needs of the Commonwealth and its enrollees.*

The GIC welcomes your feedback. We will include selected letters in our newsletter. Or, submit a letter and request that we not reprint it. The GIC reserves the right to edit your comments for clarity and space considerations. All letters must be signed with your name and address. Send Letters to the Editor to **Cynthia McGrath, Editor, For Your Benefit, Group Insurance Commission, PO Box 8747, Boston, MA 02114-8747.**



The Commonwealth Indemnity Plan Medicare Extension was a popular option for Springfield Medicare retirees.



UniCare was awarded the "Brownie Wheeler and Bill Densmore Making a Difference Community Award" for the Commonwealth Indemnity Plan's Advance Care Planning Pilot Program. Last fall, the Plan sent members aged 65 and over advance directive forms and information, holding a series of workshops to assist members with completing the forms. Constance Williams, MD, of UniCare, accepted the award from Christine McCluskey, RN, Executive Director of the Central Massachusetts Partnership to Improve Care at the End of Life.



Ann Marie Chapman and Elaine Wilson of Harvard Pilgrim Health Care show a Springfield employee which area physicians are in the HPHC Independence Plan network.

## For Additional Benefit Details, Contact the Plans Health Insurance

Commonwealth Indemnity Plan, Commonwealth Indemnity Plan Community Choice, Commonwealth Indemnity Plan Medicare Extension (OME), Commonwealth Indemnity Plan PLUS (UNICARE)	1-800-442-9300 www.unicare-cip.com
Commonwealth Indemnity Plans' Prescription Drugs ( <i>Express Scripts</i> )	1-877-828-9744 www.express-scripts.com
Commonwealth Indemnity Plans' and Navigator by Tufts Health Plan's Mental Health/Substance Abuse & EAP ( <i>United Behavioral Health</i> )	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Navigator by Tufts Health Plan	1-800-870-9488 www.tuftshealthplan.com/gic
Fallon Community Health Plan Direct Care, Select Care Senior Plan	1-866-344-4442 www.fchp.org
Harvard Pilgrim Health Care Independence Plan	1-800-333-4742 www.harvardpilgrim.org/gic
First Seniority Freedom	1-800-421-3550 www.harvardpilgrim.org
Health New England HMO, MedRate	1-800-310-2835 www.hne.com
Neighborhood Health Plan NHP Care, NHP Community Care	1-800-462-5449 www.nhp.org
Tufts Health Plan Medicare Complement Medicare Preferred	1-800-870-9488 1-800-867-2000 www.tuftshealthplan.com

## Other Benefits

Life Insurance and AD&D ( <i>The Hartford</i> )	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) ( <i>The Hartford</i> )	1-866-847-6343 www.maemployeestd.com
Employee Assistance Program (EAP) for Managers and Supervisors ( <i>United Behavioral Health</i> )	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
HCSA and DCAP ( <i>SHPS</i> )	1-866-862-2422 www.mass.gov/gic
GIC Retiree Vision Discount Plan ( <i>Davis Vision</i> )	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan ( <i>Altus</i> )	1-800-722-1148 www.altusdental.com
Dental Benefits for Managers, Legislators, Legislative Staff and Executive Office Staff ( <i>Delta Dental</i> )	1-800-553-6277 www.deltamass.com
Vision Benefits for Managers, Legislators, Legislative Staff and Executive Office Staff ( <i>Davis Vision</i> )	1-800-650-2466 www.davisvision.com

## Other Resources

Social Security Administration ( <i>Federal Program</i> )	1-800-772-1213 www.ssa.gov
Medicare ( <i>Federal Program</i> )	1-800-633-4227 www.medicare.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/treasury/srb.htm

## Other Questions

Group Insurance Commission TDD/TTY Access	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
(Website hospital research password: quality)	

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GROUP INSURANCE COMMISSION  
Dolores L. Mitchell, Executive Director  
Cynthia McGrath, Editor

# Cholesterol-Lowering Drug Options



For some people with high blood cholesterol, lifestyle changes are not enough to lower their cholesterol levels. For those people, drugs may be required to treat their high cholesterol. A number of drugs can lower blood cholesterol levels. Your doctor will decide which drugs are right for you.

Statin drugs, which block the formation of cholesterol, are the primary drugs used to decrease low-density lipoprotein (LDL), or “bad”, cholesterol levels. Statin drugs are very effective at lowering LDL cholesterol levels and have few side effects. Statin drugs vary widely in cost and since most people must take the medicine for years, the cost adds up.

Three generic statin drugs are currently available: simvastatin, pravastatin, and lovastatin. These are generic ver-

sions of the brand-name drugs Zocor, Pravachol, and Mevacor. For most people, these generic options can provide the same level of cholesterol-lowering action as brand drugs but at a lower co-pay cost to you.

Examples of brand statin drugs include Crestor®, Lipitor® and Lescol®. Additionally, Vytorin™, a combination of two types of cholesterol-lowering drugs, is available. To achieve even greater LDL cholesterol reduction, statins are sometimes used in combination with other types of cholesterol-lowering drugs such as bile acid sequestrants (e.g., cholestyramine), fibrinic acids (e.g., fenofibrate, gemfibrozil), nicotinic acid (e.g., niacin) or Zetia®.

Talk to your doctor to find out if the lower cost generic drugs are right for you.

**Navigator by Tufts Health Plan and Commonwealth Indemnity Plan Members:** Tufts Health Plan has moved Lipitor to its tier 3, most expensive co-pay tier, effective January 1, 2007. Express Scripts, the prescription drug manager for Commonwealth Indemnity Plan members, made this change January 1, 2006. Talk with your doctor about other medications mentioned in this article that might be appropriate for you.



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*Providing Massachusetts State Employees, Retirees, and Their Dependents with Access to Quality Care at Reasonable Costs*

COMMONWEALTH OF MASSACHUSETTS  
GROUP INSURANCE COMMISSION  
P.O. BOX 8747 • BOSTON, MA 02114-8747